|   |  |   |                    |                                      |                           |  |            | l                 | Application or Docket Number |          |                               |                        |  |
|---|--|---|--------------------|--------------------------------------|---------------------------|--|------------|-------------------|------------------------------|----------|-------------------------------|------------------------|--|
| PATENT APPLICATION FEE DETERMINATION RECOI  |  |   |                    |                                      |                           |  |            |                   | 00/2-000                     |          |                               |                        |  |
|   |  |   |                    |                                      |                           |  |            | 09/747647         |                              |          |                               |                        |  |
| CLAIMS AS FILED - PART I (Column 1) (Column 2)  |  |   |                    |                                      |                           |  |            | SMALL ENTITY TYPE |                              | OR       | OTHER THAN<br>OR SMALL ENTITY |                        |  |
| TOTAL CLAIMS  |  |   | 21                 |                                      |                           |  | 1          | RATE              | FEE                          | 1        | RATE                          | FEE                    |  |
| FOR   |  |   | NUMBER FILED       |                                      | NUMBER EXTRA              |  |            | BASIC F           | EE 355.00                    | OR       | BASIC FEE                     | 710.00                 |  |
| TOTAL CHARGEABLE CLAIMS   |  |   | 21                 | minus 20=                            | • 1                       |  |            | X\$ 9=            |                              | OR       | X\$18=                        | 18                     |  |
| INDEPENDENT CLAIMS  |  |   | 3 minus 3 =        |                                      | •                         |  |            | X40=              |                              | OR       | X80=                          |                        |  |
| MULTIPLE DEPENDENT CLAIM P  |  |   |                    | RÉSENT                               |                           |  |            | +135=             |                              | 1        | +270=                         |                        |  |
| * If the difference in column 1 is le   |  |   |                    | ess than zero, enter "0" in column 2 |                           |  |            | TOTA              | <b>_</b>                     | OR       |                               | <b>430</b> .0          |  |
| CLAIMS AS AMENDED - PART II   |  |   |                    |                                      |                           |  | ,          | IOIA              | ` <u> </u>                   | 704      | OTHER                         | THAN                   |  |
| (Column 1) (Column 2) (Column 3)  |  |   |                    |                                      |                           |  | SMAL       | L ENTITY          | OR                           | SMALL    |                               |                        |  |
| AMENDMENT A   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                    | HIGH<br>NUM<br>PREVIO<br>PAID        | BER<br>DUSLY              | PRESENT<br>EXTRA                       |            | RATE              | ADDI-<br>TIONAL<br>FEE       |          | RATE                          | ADDI-<br>TIONAL<br>FEE |  |
|   | Total                                    | .21                                       | Minus              | 6                                    | 2/_                       | = /                                    |            | X\$ 9=            |                              | OR       | X\$18=                        |                        |  |
|   | Independent                              | • 3                                       | Minus              |                                      | 3                         | = /                                    |            | X40=              | /                            | OR       | X80=                          |                        |  |
| _   | FIRST PRESE                              | NTATION OF M                              | JETIPL             | E DEPENDEN I                         | CLAIM                     |  |            | +135=             |                              | OR       | +270=                         |                        |  |
| •;  |  | ن م                                       | •                  |                                      |                           |  | · L        | TOT               | AL                           | ٦,       | TOTAL                         |                        |  |
|   |  | (Column 1)                                | 1                  | (Colur                               | mn 2)                     | (Column 3)                             | ,          | ADDIT. FI         | E                            |          | ADDIT. FEE                    |                        |  |
| AMENDIMENT B  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                    | HIGH<br>NUM<br>PREVK<br>PAID         | IEST<br>BER<br>DUSLY      | PRESENT<br>EXTRA                       |            | RATE              | ADDI-<br>TIONAL<br>FEE       |          | RATE                          | ADDI-<br>TIONAL<br>FEE |  |
|   | Total                                    | .21                                       | Minus              | -                                    | $\mathcal{U}$             | = /                                    |            | X\$ 9=            | .   /                        | OR       | X\$18=                        |                        |  |
|   | Independent                              | NTATION OF M                              | Minus              |                                      | 3                         | = (                                    |            | X40=              | 1/                           | OR       | X80=                          |                        |  |
|   | 1  | NIA TOR OF MI                             | JE111 E            | C OCI CIADEIA                        | CAIN                      |  | i,         | +135=             |                              | OR       | +270=                         |                        |  |
|   |  |   |                    |                                      |                           |  | 4          | TOTA              |                              | OR       | TOTAL<br>ADDIT. FEE           |                        |  |
|   |  | (Column 1)                                | 10000              |                                      |                           |  |            | . <b></b>         |                              |          |                               |                        |  |
| AMENDMENT C   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                    | HIGH<br>NUM<br>PREVIO<br>PAID        | BER<br>OUSLY              | PRESENT<br>EXTRA                       |            | RATE              | ADDI-<br>TIONAL<br>FEE       |          | RATE                          | ADDI-<br>TIONAL<br>FEE |  |
|   | Total                                    | •   | Minus              | ••                                   |                           | =                                      |            | X\$ 9=            |                              | OR       | X\$18=                        |                        |  |
| AME   | Independent                              | •   | Minus              |                                      |                           | =                                      | 1          | X40=              |                              |          | X80=                          |                        |  |
| Ľ   | FIRST PRESE                              | NTATION OF M                              | ULTIPL             | E DEPENDENT                          | CLAIM                     |  | <b> </b> - |                   |                              | OR       |                               |                        |  |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. |  |   |                    |                                      |                           |  |            |                   |                              |          |                               |                        |  |
| ••  | If the "Highest Nu<br>If the "Highest Nu | mber Previously Pa<br>mber Previously Pa  | aid For<br>aid For | IN THIS SPACE I                      | s less tha<br>is less tha | ın 20, enter "20."<br>3n 3, enter "3." |            | TOTA<br>DDIT. FE  | E                            | OR       | TOTAL<br>ADDIT. FEE           |                        |  |
|   |  | her Previously Pai                        |                    |                                      |                           |  | r form     | nd in the         | annronriate N                | ny in co | lumo 1                        |                        |  |